

# Work Order ID 132383

May-07-15 2:35:30 PM

**\*132383\***

Page 1

Item ID: D3912-041 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Eyebolt Receiver Assy  
 Start Date: 5/07/15 Start Qty: 4.00 **\*4\*** Cust Item ID:  
 Required Date: 5/07/15 Req'd Qty: 4.00 **\*4\*** Customer:  
 Reference:

Approvals: Process Plan: W Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                                          | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp    |
|--------------------------------|-----------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|-------------------|
| <b>Draw Nbr</b>                | <b>Revision Nbr</b>                                                               |                      |         |        |              |               |               |                  |                   |
| D3912                          | B                                                                                 |                      |         |        |              |               |               |                  |                   |
| 100                            | Pick Kit                                                                          | 0.00                 |         |        |              |               |               |                  | DAS<br>36<br>9-89 |
| <b>*100*</b>                   |                                                                                   |                      |         |        |              |               |               |                  |                   |
| Packaging                      | Memo                                                                              | 0.00                 |         |        |              |               |               |                  | 15/05/13          |
| Packaging                      |                                                                                   |                      |         |        |              |               |               |                  |                   |
| 110                            |                                                                                   | 0.00                 |         |        |              |               |               |                  | DAS<br>36<br>9-89 |
| <b>*110*</b>                   |                                                                                   |                      |         |        |              |               |               |                  |                   |
| Small Fab                      | Memo                                                                              | 0.00                 |         |        |              |               |               |                  | 15/05/13          |
| Small Fab                      | 1-Assemble D3912-1/-3/-5 and install rivets as per dwg<br>TRIM RIVETS 1.260" LONG |                      |         |        |              |               |               |                  |                   |
|                                | 2- Install helical, spring plunger and spring pin lanyard assy as per dwg         |                      |         |        |              |               |               |                  |                   |
| 120                            | QC5- Inspect part completeness to step on W/O                                     | 0.00                 |         |        |              |               |               |                  | DAS<br>36<br>9-89 |
| <b>*120*</b>                   |                                                                                   |                      |         |        |              |               |               |                  |                   |
| QC                             | Memo                                                                              | 0.00                 |         |        |              |               |               |                  | (2)               |
| Quality Control                |                                                                                   |                      |         |        |              |               |               |                  |                   |

MAY 14 2015

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |

May-07-15 2:35:30 PM

**\*132383\***

**\*N900040100\***

Setup Start \*NS1\*

Stop **\*NS2\***

**Start Date:** 5/07/15      **Start Qty:** 4.00      **\*4\***

**Required Date:** 5/07/15      **Req'd Qty:** 4.00      **\*4\***

Cust Item ID:

**Customer:**

**Reference:**

**Approvals:**      **Process Plan:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Tooling:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**QC:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **SPC (Y/N):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Run Start \*NR1\*

Stop **\*NR2\***

| <b>Sequence ID/<br/>Work Center ID</b> | <b>Operation<br/>Description</b>             | <b>Set Up/<br/>Run Hours</b> | <b>Tool ID</b> | <b>Tool #</b> | <b>Plan<br/>Code</b> | <b>Accept<br/>Qty</b> | <b>Reject<br/>Qty</b> | <b>Reject<br/>Number</b> | <b>Insp.<br/>Stamp</b> |
|----------------------------------------|----------------------------------------------|------------------------------|----------------|---------------|----------------------|-----------------------|-----------------------|--------------------------|------------------------|
| 170                                    | Identify as per dwg & Stock Location:        |                              |                |               |                      |                       |                       |                          |                        |
| *170*                                  |                                              |                              |                |               |                      |                       |                       |                          |                        |
| Packaging                              | Memo                                         | 0.00                         |                |               |                      | 2                     | DAB<br>27             |                          |                        |
| Packaging                              |                                              |                              |                |               |                      |                       | S-89                  |                          |                        |
|                                        |                                              |                              |                |               |                      |                       |                       |                          | MAY 19 2015            |
| 180                                    | QC21 - Final Inspection - Work Order Release | 0.00                         |                |               |                      |                       |                       |                          |                        |
| *180*                                  |                                              |                              |                |               |                      |                       |                       |                          |                        |
| QC                                     | Memo                                         | 0.00                         |                |               |                      |                       |                       |                          |                        |
| Quality Control                        |                                              |                              |                |               |                      |                       | MLJ                   |                          | MAY 19 2015            |

MAY 19 2015

MAY 19 2015

MAY 19 2015

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |

# Picklist Print

May-07-15 2:35:29 PM

Page 1

Work Order ID: 132383

**\*132383\***

Parent Item: D3912-041

**\*D3912-041\***

Parent Item Name: Eyebolt Receiver Assy

Start Date: 5/07/15

Required Date: 5/07/15

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP RevA: new issue DD 09.11.18 verified by:EC IPP Rev:B  
10.06.10 memo in seq110 \*\*\*IF PLUNGER GOES IN TO DEEP, INSTALL A  
WASHER (AN960C516L) IF NECESSARY BETWEEN PLUNGER AND  
D3912-1. YOU MAY HAVE TO ENLARGE WASHER HOLE FOR IT TO  
FIT\*\*\* DD verf:JLM IPP REV:C AS PER REV B 10-08-05 JLM  
VERIFIED:DD

| Component Item ID/<br>Item Name                   | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty    | Qty<br>Issued | Date<br>Issued | Status            |
|---------------------------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|-----------------|---------------|----------------|-------------------|
| NAS1149C0663R<br><b>*NAS1149C0663R*</b><br>Washer |                        | Purchased     | No          |                     |                  |                 | Each               | 75.0000        |             | 4               |               | 15/05/13       | DAS<br>36<br>9-89 |
|                                                   |                        |               |             | <u>Location</u>     |                  |                 |                    | <u>Loc Qty</u> |             | <u>Loc Code</u> |               |                |                   |
|                                                   |                        |               |             | ST271               |                  |                 |                    | 75             |             |                 |               |                |                   |
|                                                   |                        |               |             | m126221             |                  |                 |                    | 75             |             |                 |               |                |                   |
| D3912-1<br><b>*D3912-1*</b><br>Eyebolt            |                        | Manufactured  | No          |                     |                  | 100             | Each               | 10.0000        | 1           | 4               |               | 15/05/13       | DAS<br>36<br>9-89 |
|                                                   |                        |               |             | <u>Location</u>     |                  |                 |                    | <u>Loc Qty</u> |             | <u>Loc Code</u> |               |                |                   |
|                                                   |                        |               |             | ST065               |                  |                 |                    | 10             |             |                 |               |                |                   |
|                                                   |                        |               |             | 130602              |                  |                 |                    | 10             |             |                 |               |                |                   |
| D3912-3<br><b>*D3912-3*</b><br>Eyebolt Block      |                        | Manufactured  | No          |                     |                  | 100             | Each               | 9.0000         | 2           | 8               |               | 15/05/13       | DAS<br>36<br>9-89 |
|                                                   |                        |               |             | <u>Location</u>     |                  |                 |                    | <u>Loc Qty</u> |             | <u>Loc Code</u> |               |                |                   |
|                                                   |                        |               |             | ST065               |                  |                 |                    | 6              |             |                 |               |                |                   |
|                                                   |                        |               |             | 131768              |                  |                 |                    | 6              |             |                 |               |                |                   |
|                                                   |                        |               |             | ST077A              |                  |                 |                    | 3              |             |                 |               |                |                   |
|                                                   |                        |               |             | 130915              |                  |                 |                    | 3              |             |                 |               |                |                   |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |

# Picklist Print

May-07-15 2:35:29 PM

Page 2

Work Order ID: 132383

Parent Item: D3912-041

Parent Item Name: Eyebolt Receiver Assy

**\*132383\***

**\*D3912-041\***

Start Date: 5/07/15

Required Date: 5/07/15

Start Qty: 4.00

Required Qty: 4.00

D3912-5

Manufactured No

100

Each

49.0000

2

8

**\*D3912-5\***

Eyebolt Plate

**\*\***

DAS  
36  
9-89

15/05/13

Location

Loc Qty

Loc Code

ST064A

31

122615

15

123025

16

ST077A

18

115773

18

Each

23.0000

4

**\*\***

DAS  
36  
9-89

15/05/13

D3801-1

Manufactured No

**\*D3801-1\***

Hand Retractable Spring Plunger

Location

Loc Qty

Loc Code

ST060

23

130594

23

100

Each

57.0000

8

32

**\*\***

DAS  
36  
9-89

15/05/13

MS20615-4M20

Purchased No

**\*MS20615-4M20\***

Rivet

Location

Loc Qty

Loc Code

GA

57

m130358

31

m131618

26

Each

100.0000

4

**\*\***

DAS  
36  
9-89

15/05/13

MS21209-F615

Purchased No

**\*MS21209-F615\***

Heli-Coil

Location

Loc Qty

Loc Code

GA

100

m131270

2

m132164

98

2

May-07-15 2:35:29 PM

Shop Packet Print

Page 2

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

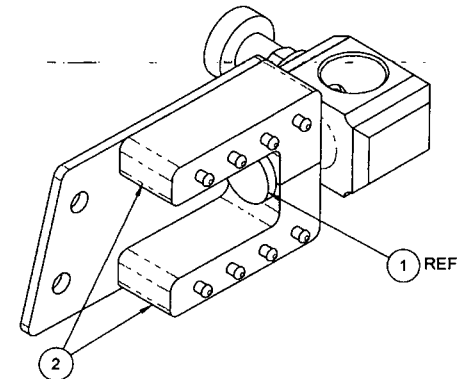
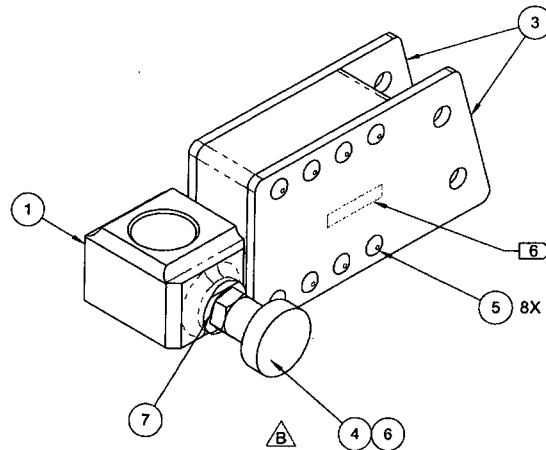
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                |                                               |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                            |                                                |                                               |
| Date :                                                       | Step #:                                                                                                                                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            | MRB (QSI042) Approval                          |                                               |
| Description Work Order Deviation                             |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            | Completed By                                   |                                               |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            | Lead hand / Supervisor Approval Verification   |                                               |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            | QC / QA Coordinator Approval                   |                                               |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                |                                               |
| Root Cause                                                   |                                                                                                                                                                                    | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                                |                                               |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>                                                                                                                                        | Pressure/Forced <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>      | Positioned Wrong <input type="checkbox"/>     |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>                                                                                                                                                  | Bending <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>         | Outside Dimensions <input type="checkbox"/>   |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>                                                                                                                                              | Centre Not Concentric <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                 | Over/Under tolerance <input type="checkbox"/> |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>                                                                                                                                                  | Cracks <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                  | Part Incorrect <input type="checkbox"/>       |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>                                                                                                                                                  | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>    | Part Lost/Missing <input type="checkbox"/>    |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>                                                                                                                                           | Cuffs <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>       | Part Moved <input type="checkbox"/>           |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>                                                                                                                                          | Crushing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>               | Drawing <input type="checkbox"/>              |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>                                                                                                                                                   | Heat Treat <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>            | Finish <input type="checkbox"/>               |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>                                                                                                                                       | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>          | Misread <input type="checkbox"/>              |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>                                                                                                                                       | Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/>     |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/>                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                |                                               |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>                                                                                                                                                  | OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                |                                               |



| ITEM | QTY<br>-041 | P/N           | DESCRIPTION           |
|------|-------------|---------------|-----------------------|
|      | X           | D3912-041     | EYEBOLT RECEIVER ASSY |
| 1    | 1           | D3912-1       | EYEBOLT               |
| 2    | 2           | D3912-3       | EYEBOLT BLOCK         |
| 3    | 2           | D3912-5       | EYEBOLT PLATE         |
| 4    | 1           | D3801-1       | SPRING PLUNGER        |
| 5    | 8           | MS20615-4M20  | RIVET                 |
| 6    | 1           | MS21209-F615  | HELICAL               |
| 7    | 1           | NAS1149F0332P | WASHER                |



**SUPPLEMENTAL ISO VIEW**  
(EYEBOLT PLATE REMOVED  
TO SHOW INTERIOR FEATURES)

**D3912-041 EYEBOLT RECEIVER ASSY**

**NOTES:**

- 1) MATERIAL: N/A
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N D3912-041 USING FINE POINT PERMANENT INK MARKER
- 7) WEIGHT -041: 1.58 lbs

**RELEASED**  
2010-07-16

|                                                                                                                                                                                                                                |                                                                                                                                                  |                                        |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------|
| B                                                                                                                                                                                                                              | D3801-1 WAS D3810-1 SPRING PLUNGER; D4028-041 RMV; MS21209-F615 WAS MS21209-C610 HELICAL; (1) WASHER NAS1149C0663R ADDED; BOSS ADDED TO D3912-1. | JPH                                    | 10.06.28     |
| A                                                                                                                                                                                                                              | NEW ISSUE                                                                                                                                        | JPH                                    | 10.03.04     |
| REV.                                                                                                                                                                                                                           | DESCRIPTION                                                                                                                                      | BY                                     | DATE         |
| DESIGN                                                                                                                                                                                                                         | AKS                                                                                                                                              | DART AEROSPACE LTD                     |              |
| DRAWN                                                                                                                                                                                                                          | JPH                                                                                                                                              | HAWKESBURY, ONTARIO, CANADA            |              |
| CHECKED                                                                                                                                                                                                                        | JPH                                                                                                                                              | DRAWING NO.                            | REV. B       |
| MFG. APPR.                                                                                                                                                                                                                     | JPH                                                                                                                                              | D3912                                  | SHEET 1 OF 3 |
| APPROVED                                                                                                                                                                                                                       | JPH                                                                                                                                              | TITLE                                  | SCALE        |
| DE APPR.                                                                                                                                                                                                                       | JPH                                                                                                                                              | EYEBOLT RECEIVER ASSY                  | NTS          |
| DATE                                                                                                                                                                                                                           | 10.06.28                                                                                                                                         | COPYRIGHT © 2010 BY DART AEROSPACE LTD |              |
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